

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF GEORGIA**

IN RE: ADDIE MAE SIMMONS,

CASE NO. 15-10291

Debtor.

CHAPTER 13

ADDIE MAE SIMMONS,

ADVERSARY PROCEEDING NO. 21-01001

Plaintiff,

v.

**WILMINGTON SAVINGS FUND SOCIETY,
FSB d/b/a CHRISTINA TRUST AS TRUSTEE
FOR PNPMS TRUST II,**

Defendant.

SUGGESTION OF DEATH

COMES NOW the undersigned Attorney and shows the Court as follows:

-1-

The Debtor, ADDIE MAE SIMMONS, filed a Chapter 13 Bankruptcy, in the Middle District of Georgia, Case Number 15-70294 on March 13, 2015.

-2-

The Debtor, ADDIE MAE SIMMONS , passed away on October 15, 2019.

-3-

Attached hereto is the Death Certificate of ADDIE MAE SIMMONS.

WHEREFORE, Debtor prays that a discharge be entered on behalf of ADDIE MAE SIMMONS, upon completion of the case and for such other and such further relief as the Court deems appropriate.

This 20th day of September, 2021.

/s/ Shelba D. Sellers

Shelba D. Sellers

Attorney for Debtor

Georgia Bar No. 635510

Sellers & Mitchell, P.C.
Post Office Box 1157
Thomasville, Georgia 31799
Tel. (229) 226-9888

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a copy of the above and foregoing Document upon the following creditor and trustee in bankruptcy either by electronic notice, for those requesting such service or by mailing a copy of same in an envelope properly addressed and with sufficient postage thereon to ensure proper delivery of same.

Jonathan W. DeLoach
Chapter 13 Trustee
PO Box 1907
Columbus, GA 31902-1907

This 20th day of September, 2021.

/s/ Shelba D. Sellers

Shelba D. Sellers
Attorney for Debtor/Plaintiff
Georgia Bar No. 635510

Sellers & Mitchell, P.C.
Post Office Box 1157
Thomasville, Georgia 31799
Tel. (229) 226-9888

GEORGIA DEATH CERTIFICATE

State File Number 2019GA000066885

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) ADDIE MAE SIMMONS		1a. IF FEMALE, ENTER LAST NAME AT BIRTH SIMMONS		2. SEX FEMALE		2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 10/06/2019	
3. SOCIAL SECURITY NUMBER 260-90-5177		4a. AGE (Years) 67		4b. UNDER 1 YEAR Mos. Days Hours Mins.		4c. UNDER 1 DAY Mos. Days Hours Mins.	
5. DATE OF BIRTH (Mo., Day, Year) 01/25/1952		6. BIRTHPLACE GEORGIA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY GRADY	
7c. CITY, TOWN CAIRO		7d. STREET AND NUMBER 336 CRESCENT CIRCLE SW		7e. ZIP CODE 39828		7f. INSIDE CITY LIMITS? YES	
8. ARMED FORCES? NO		8a. USUAL OCCUPATION CNA		8b. KIND OF INDUSTRY OR BUSINESS HEALTH CARE			
9. MARITAL STATUS NEVER MARRIED		10. SPOUSE NAME				11. FATHER'S FULL NAME (First, Middle, Last) HENRY SIMMONS	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ROBERTA MAXWELL		13a. INFORMANT'S NAME (First, Middle, Last) ARLISHA WILDGOOSE				13b. RELATIONSHIP TO DECEDENT DAUGHTER	
13c. MAILING ADDRESS 340 CRESCENT CIRCLE SW CAIRO GEORGIA 39828				14. DECEDENT'S EDUCATION 11TH GRADE COMPLETED			
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO				16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN			
17a. IF DEATH OCCURRED IN HOSPITAL EMERGENCY ROOM/OUTPATIENT				17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) GRADY GENERAL HOSPITAL				19. CITY, TOWN or LOCATION OF DEATH CAIRO		20. COUNTY OF DEATH GRADY	
21. METHOD OF DISPOSITION (specify) BURIAL		22. PLACE OF DISPOSITION CEDAR SPRINGS CEMETERY CEDAR SPRINGS ROAD WHIGHAM GEORGIA 39897				23. DISPOSITION DATE (Mo., Day, Year) 10/12/2019	
24a. EMBALMER'S NAME RONNIE CORKER		24b. EMBALMER LICENSE NO. 3720		25. FUNERAL HOME NAME WESTONS FUNERAL HOME			
25a. FUNERAL HOME ADDRESS PO BOX 101 CAIRO GEORGIA 31728							
26a. SIGNATURE OF FUNERAL DIRECTOR KENNETH L WESTON				26b. FUN. DIR. LICENSE NO. 2777		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 10/06/2019		28. HOUR PRONOUNCED DEAD 22:33 MILITARY					
29a. PRONOUNCER'S NAME STEWART WARREN				29b. LICENSE NUMBER 077462		29c. DATE SIGNED 10/06/2019	
30. TIME OF DEATH 22:33 MILITARY				31. WAS CASE REFERRED TO MEDICAL EXAMINER YES			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						MINUTES	
A. MYOCARDIAL INFARCTION							
Due to, or as a consequence of							
B.							
Due to, or as a consequence of							
C.							
Due to, or as a consequence of							
D.							
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.				33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL			
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED						44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) ANDREW ALLISON DEKLE, MD, 19509				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (Mo., Day, Year) 10/30/2019		45b. HOUR OF DEATH 22:33 MILITARY		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANDREW ALLISON DEKLE 235 1ST AVENUE CAIRO GEORGIA 39828							
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON						49. DATE FILED - REGISTRAR (Mo., Day, Year) 10/31/2019	

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

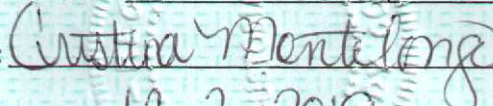


STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN:



ISSUED BY:



DATE ISSUED:

